



**AMERICAN ACADEMY OF NEUROLOGY  
PROFESSIONAL ASSOCIATION**

**POSITION STATEMENT ON PRINCIPLES OF  
NEUROIMAGING TRAINING, GUIDELINES AND PRACTICE  
March 2008**

**Preamble**

The American Academy of Neurology Professional Association (AAN/PA), representing over 21,000 neurologists and neuroscience professionals, recognizes the increasing importance of patient access to neuroimaging technologies and physicians qualified to perform and interpret imaging scans.

Over the past three decades, neuroimaging has grown to become an essential tool in diagnosing and guiding treatment of patients with neurological conditions. Diagnostic and interventional neuroimaging, *e.g.*, neurosonography, CT, MRI, SPECT, PET, angiography (and other endovascular procedures), yield increasingly detailed structural and functional information that presents significant interpretive challenges for those involved in the care of neurological patients.

Neurologists are in a particularly strong position to define the appropriateness and interpret the findings of nervous-system imaging studies. Neurologists receive extensive training in the anatomy, physiology and pathology of the nervous system, using the latest in imaging techniques. Neurologists are thus uniquely qualified to identify the clinical manifestations of nervous system disease, to tailor imaging studies to the needs of their patients, and to interpret these studies in a context of clinical relevance.

Imaging constitutes a large and growing sector of the healthcare economy: whether that growth is justified is subject to review. There is an ongoing debate among public and private payers, medical specialties, equipment manufacturers and lawmakers about the appropriate use of imaging technologies by physicians of all specialties. Questions of accreditation and certification, reading privileges and reimbursement, prior authorization, and ownership of equipment add further complexity to the policy picture.

Unfortunately, it is difficult to separate the forthright analysis of costs and benefits of inpatient and outpatient imaging services from the rhetoric employed by stakeholders of every persuasion. Where proponents of self-referred imaging access see an opportunity to provide state-of-the-art, specialty-driven care, opponents see an opportunity for financial abuse and substandard service. Where proponents of new training and certification standards see a natural progression of specialty access to practice-improving tools, opponents see a threat to a status quo that has served them well. In such an environment, the papers published on these matters usually reflect the views of the organization or specialty responsible for writing them.

The Academy recognizes that a balanced perspective is needed to address the valid aspects of each argument and to ensure every specialty's medical contributions are respected. Every neurologist who provides imaging services (technical, professional or both) has a responsibility to provide competent, medically justified care. Likewise, proving one's ability to provide this care in a medically and ethically proper manner should ensure equal standing in the physician community. Neurologists need to play a leading role in the design, training and provision of neuroimaging to ensure that the greatest potential and the most efficient uses for these tools are realized.

### **AANPA Position**

The Academy recognizes that imaging constitutes a large and growing sector of the healthcare economy. However, we also believe strongly that the proper management of imaging care should not prevent patients from having access to the properly trained physician of their choice. Neurologists need to play a leading role in the design, training and provision of neuroimaging care to ensure that the greatest potential and the most efficient and ethically sound uses for these tools are realized.

The Academy adopts the following positions on neuroimaging education, quality, and access:

#### **Building Upon Education and Quality Standards**

- The Academy supports the responsibilities of its members to use their full range of training and expertise for the benefit of their patients, including providing the technical and professional components of imaging services.
- The Academy expects its members to observe all ethical and medical standards of training and appropriateness in providing imaging services.
- Neurologists should play a leading role as experts in the development and review of quality and appropriateness parameters in neuroimaging. With this role in mind, the Academy will:

- Expand educational opportunities in neuroimaging in order to enhance the quality of training, research and care.
- Collaborate with the American Board of Psychiatry and Neurology and the Accreditation Council for Graduate Medical Education (ACGME) to expand neuroimaging training standards as part of the requirements of program accreditation.
- Promote the neuroimaging certification and accreditation program through the United Council for Neurologic Subspecialties (UCNS).
- Continue to promote and expand the development of comprehensive appropriateness guidelines to establish neuroimaging practice standards.
- Improve quality and access to neuroimaging accreditation and certification through organizations such as the Intersocietal Commission for the Accreditation of MRI Laboratories (ICAMRL), CT Laboratories (ICACTL), and Vascular Laboratories (ICAVL).

#### Ensuring Access to Care

- The Academy supports the use of innovative outpatient models of care incorporating neuroimaging as a means to improve patient access, cost-effectiveness and quality.
- The Academy strongly supports public and private payer reimbursement to appropriately trained neurologists for provision and interpretation of imaging studies.
- The Academy opposes efforts by payers to implement prior-authorization programs in neuroimaging that limit neurologists' interpretation privileges without providing neurologists a reasonable means of demonstrating their specialty competence and obtaining an exemption from participation in such programs.
- The Academy opposes efforts to prevent neurologists from providing imaging services, including such practices as denying hospital privileges to perform and interpret inpatient scanning, requiring multiple imaging modalities in office settings and requiring the presence of additional specialty physicians in situations where the neurologist already possesses the required medical competence.
- The Academy opposes further public and private restrictions on self-referred imaging practices and equipment ownership beyond those of the federal Stark provisions.

Approved:

AANPA Board of Directors on March 28, 2008 (AANPA Policy 2008-08)